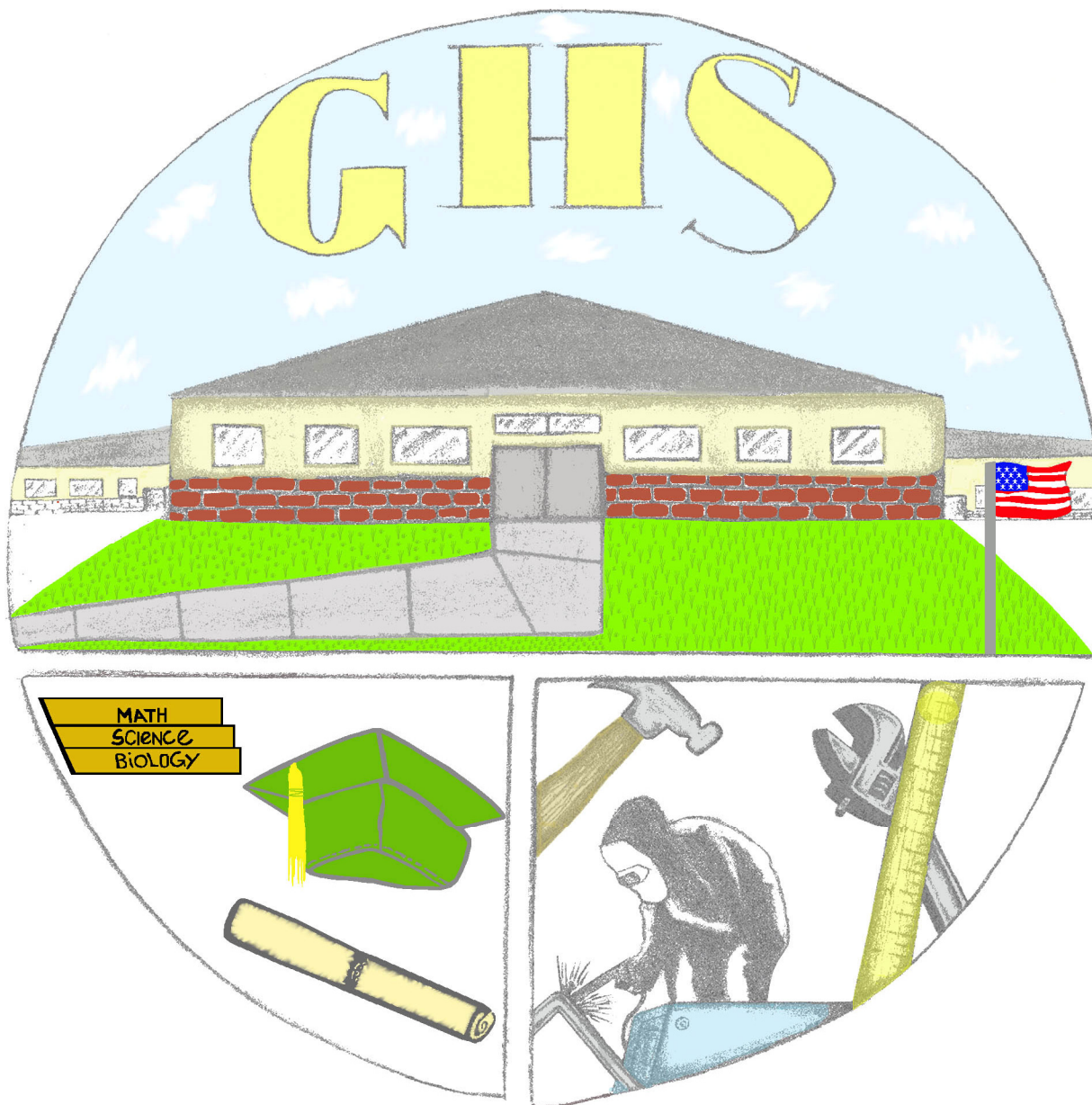


*Department of Social and Health Services  
Juvenile Rehabilitation Administration*

# **Green Hill School**



**Art Work by Resident Tim D.**

**2007 Washington State Quality  
Award Application**



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**Green Hill School 375 SW 11<sup>th</sup> Street Chehalis, Washington 98532**

March 26, 2008

To: Washington State Quality Award (WSQA)  
From: Marybeth Queral, Superintendent  
Subject: WSQA Application for Green Hill School

I am applying, on behalf of the Juvenile Rehabilitation Administration, Green Hill School, for the WSQA application. Attached is the WSQA Lite (Assessment) Application using guidelines and the Eligibility Determination Form for 2007. The Eligibility Determination Form indicates a desired submission date of January 1, 2008 and this was readjusted to April 1, 2008. I have also enclosed a check in the amount of \$625 for the application fee.

Thank you for the opportunity to have Green Hill School assessed on performance excellence. Green Hill School is continually looking for ways to apply process improvements and the feedback you provide will be beneficial to our growth as an organization.

Our contact person at Green Hill School for WSQA is Associate Superintendent Jeannie D'Amato. She can be reached at 360-740-3491.

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# WSQA Eligibility Determination Form

This form is valid for one year from the date signed.

## Applicant

Organization Name: Green Hill School, Juvenile Rehabilitation Administration, Washington State Department of Social and Health Services

Address: 375 SW 11<sup>th</sup> Street, Chehalis, WA 98532

## Sector

Check appropriate box to indicate sector and organization size.

- ☐ Business ☐ Not-for-Profit ☐ Healthcare  
☒ Public ☐ Education

260 Number of Employees

## Criteria Selected by Applicant (see Criteria for Performance Excellence above):

- ☒ Criteria for Performance Excellence ☐ Healthcare ☐ Education

## Application Level

## Application Fee (see fee table on Web site) to be submitted with application

- ☒ Lite (Assessment) \$ 150 Desired submission date of application: January 1, 2008  
☐ Full Examination \$ \_\_\_\_\_

## Examiner Commitment:

Name of Examiner: Lee Mosley E-mail: MosleLE@dshs.wa.gov Phone: 360-902-8092

Submission date of Examiner Application: \_\_\_\_\_

Examiners must commit the year prior, during, or post application submission.

## Applicant Headquarters

Indicate if the applicant's headquarters are located in the state of Washington. If the headquarters are not in Washington, please provide a brief explanation.

- ☒ Yes ☐ No

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## Applicant Size and Site Locations

Percent of Employees Located in the State of Washington: 100%

Total Number of Sites: 1

List a brief description and complete address for each site.

Green Hill School (GHS) is an institution for juvenile offenders who have been committed by the court to serve their sentence with the Juvenile Rehabilitation Administration. GHS has a rated capacity of 210 residents and houses male offenders 15 to 20 years of age. GHS includes five living units, a high school with academic and vocational programs, health center, kitchen and dining facility, recreation areas, maintenance, laundry, and commissary. The treatment program at GHS is based on cognitive behavioral therapy. Substance abuse and sex offender specialized treatment services are also available. Address: 375 SW 11<sup>th</sup> Street, Chehalis, WA 98532. Phone number: 360-740-3491.

## Subsidiary Organizational Unit or Division

Indicate if the applicant is a unit, division, or other component of a larger parent organization. If the applicant is part of a larger parent organization, complete each of the additional items in this section.

- ☒ Yes, applicant is part of a larger parent organization  
☐ No, applicant is not part of a larger parent organization

Parent Organization Name: Juvenile Rehabilitation Administration (JRA), Department of Social and Health Services

Address: P.O. Box 45045, Olympia, WA 98504-5045

Highest Ranking Official of Parent Organization: John Clayton

Title: Acting Assistant Secretary

Telephone Number: 360-902-7804

Indicate if other units within the parent organization offer similar products or services. If other units do offer similar products or services, please provide a brief explanation.

- ☒ Yes ☐ No

JRA includes three additional institutions for juvenile offenders:

- Echo Glen Children's Center at Snoqualmie for younger males and females, some of whom have acute mental health issues
- Maple Lane School in Centralia for males 15 to 20 years of age, some of whom have acute mental health issues
- Naselle Youth Camp which is not maximum security and provides vocational opportunities through the Department of Natural Resources

JRA also provides minimum security youth with opportunities to transition to community facilities for step down transition to local communities where they can work and attend school.

Briefly describe any major business support functions that are provided to the applicant by the parent organization.

JRA Central Office provides the following: Institution oversight, Medical Program oversight, Treatment Programming Oversight and Training, Interstate Compact services, Budgeting, Accounting, and Contracting oversight, Information Technology and Support, Capital Facilities Administration, Policy and Quality Assurance, and Parole Services.

## Highest Ranking Applicant Official in the State of Washington

Name: Robert L. Nelson  
Title: Acting Superintendent  
Address: 375 SW 11<sup>th</sup> Street, Chehalis, WA 98532

## Official Contact Person

Name: Jeannie D'Amato Title: Associate Superintendent  
Address: 375 SW 11<sup>th</sup> Street, Chehalis, WA 98532  
Telephone Number: 360-740-3491  
Fax Number: 360-740-3439  
E-mail: [Damatjb@dshs.wa.gov](mailto:Damatjb@dshs.wa.gov)

## Fee

Enclosed is the eligibility fee. Make the check or money order payable to: **Washington State Quality Award.**

## Ethics

Answering "yes" to any of the following questions requires further explanation; however, this does not imply that the applicant will be automatically disqualified. Provide supporting explanations on a separate page that is included with this Eligibility Determination Form. A member of the Panel of Judges may contact the applicant for additional information

Has the applicant been fined during the past five years for violating environmental laws?

☐ Yes ☒ No

Have any of the applicant's senior executives/corporate officers been convicted of a felony during the past three years?

☐ Yes ☒ No

Has the applicant been fined for income tax delinquency during the past three years?

☐ Yes ☒ No

Is the applicant currently in the process of bankruptcy proceedings?

☐ Yes ☒ No

Has your organization been convicted, settled or received sanctions or adverse actions under law (including malpractice, fraud, etc.) regulations, accreditation or contract in the past 3 years?

☐ Yes ☒ No

Are you aware of anything about your organization that would bring embarrassment upon the Washington State Quality Award or the Governor if your organization was to be publicly recognized?

☐ Yes ☒ No

## Disclosure and Release Statement

I attest that the information provided in this Eligibility Determination Form and the Application to be provided is accurate and true to the best of my knowledge. Full disclosure of any circumstances that may negatively affect the Award has been made with the submission of the Eligibility Determination Form. I understand that the Award program may verify this information, and that untruthful or misleading information may result in forfeit of the Award. Furthermore, I certify that our organization is not engaged in any activity past or present that could be deemed embarrassing to the State of Washington, The Honorable Governor of the state of Washington or the WSQA. I understand that I must immediately notify WSQA if our status changes in any of these areas during the next 12 months and that I may be asked to revalidate this disclosure during the 12 months.

I also understand that members of the Washington State Quality Award Board of Examiners will review this application. I agree to host the Examiner team and facilitate open and unbiased evaluation of our organization if we are selected for a Site Visit. I understand that our organization will be responsible for paying all reasonable travel and related expenses for the site evaluation team.

I also understand that with the submission of our application, our organization commits to providing at least one individual from our organization as an Examiner in at least one of the following application cycles: the year prior to our application, this application year or the next application year.

*Robert L. Nelson*

Signature of Highest Level Organization Official

*5/30/07*

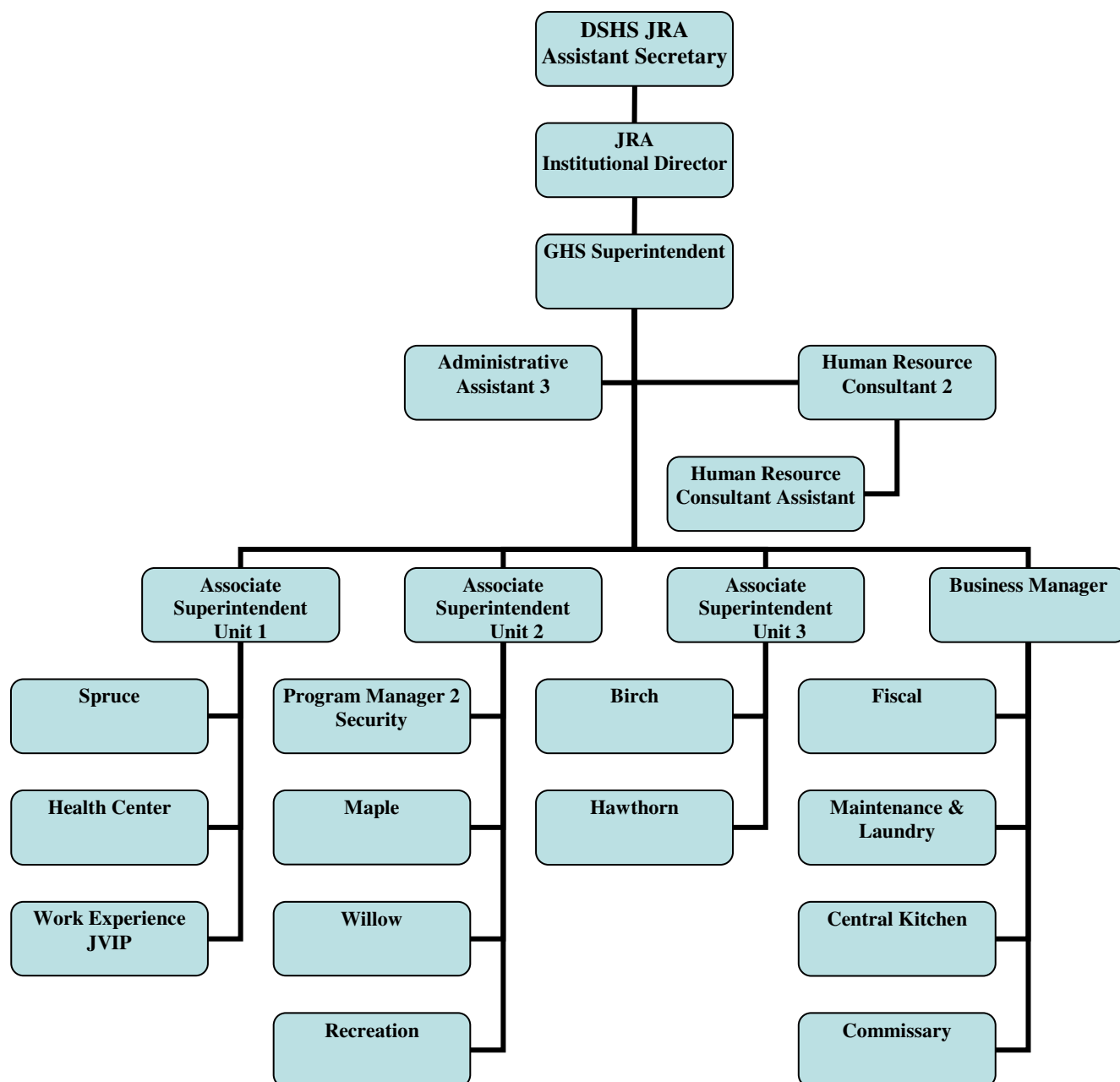
Date

Printed Name: Robert L. Nelson  
Title: Acting Superintendent  
Address: 375 SW 11<sup>th</sup> Street, Chehalis, WA 98532  
Telephone Number: 360-740-3433

### Send these documents to:

Washington State Quality Award  
P.O. Box 609  
Keyport, WA 98345

# Green Hill School Organizational Chart





# Glossary of Terms and Abbreviations

## A

**A-Team Meetings:** Administrative Team meetings are held weekly after E-Team meetings. These meetings include the Superintendent, three Associate Superintendents, Business Manager, Human Resource Consultant 2 and the Superintendent's Administrative Assistant.

**ACT:** Automated Client Tracking, a JRA computer system of client information and statistical reports

**ART:** Aggression Replacement Training, created by Arnold Goldstein, Barry Glick and John Gibbs, is an evidence based intervention used in JRA institutions with residents which includes three components: Skills Streaming, Anger Control Training and Moral Reasoning. It is a 10 week course, with three one hour classes weekly.

## B

**Bulletins:** JRA policies and procedures which are based on the Revised Code of Washington, Washington Administrative Code, and DSHS Administrative Policy.

## C

**Case Manager:** A Juvenile Rehabilitation Residential Counselor or Counselor Assistant who have a caseload of youth and who adhere to the ITM.

**CPS/DLR:** Child Protective Services, Division of Licensed Resources, a DSHS, Children's Administration section, responsible for investigating allegations of abuse and neglect of licensed facilities that include JRA institutions.

**CBT:** Cognitive Behavioral Therapy, a psychology treatment approach that focuses on both the thinking processes and actions of an individual to implement change. The National Institute of Corrections supports CBT social learning approaches as effective interventions with high-risk offenders.

**CFD:** Combined Fund Drive, started in 1984, the mission is to empower Washington State employees to strengthen communities through funding and contributions. CFD allows employees to make contributions to agencies they choose and offers payroll deduction.

## D

**DBT:** Dialectical Behavior Therapy, a broad-based cognitive behavioral treatment developed specifically for Borderline Personal Disorder clients by Dr. Marsha Linehan. DBT is the main therapy used with residents in JRA institutions, including GHS. DBT includes individual therapy sessions and skills training.

**DWRY:** Dealing With Resistive Youth, is training developed by JRA through the Washington State Criminal Justice Training Commission on verbal de-escalation and approved physical interventions.

## E

**E-Recruiting:** A statewide computer system, developed in 2006, for applying for state job openings and developing certification lists of candidates for positions.

**E-Team Meetings:** Executive Team Meetings are held every Monday to debrief events of the weekend and to develop planning for GHS.

## F

**FIP:** Facility Improvement Plans, a planning process developed after a PbS month of tracking to address issues which are identified as not meeting national standards.

## G

**GHS:** Green Hill School, a DSHS, JRA, institution for juvenile offenders, founded in 1889, and located in Chehalis, WA.

## H

**HRMS:** DSHS Human Resource Management System, a computer system, which includes personnel, payroll, benefits administration, leave, limited employee and manager self-service, training, development, e-learning, performance

management, expanded employee and manager self-care, and E-Recruiting systems.

## **I**

**IMU:** Willow Intensive Management Unit, a living unit for residents at GHS who have behavioral issues which keep them from succeeding on open campus. Residents in IMU receive intensive skills training and behavior chain analyses evaluations.

**Incident Reports:** JRA reports on events which occur and need to be recorded. In September, 2007 these reports were placed in the ACT computer system.

**ITM:** Integrated Treatment Model, the model adopted by JRA in 2002, which includes DBT and ART for the JRA institutions, including GHS.

## **ITM Environmental Adherence**

**Measures:** Tracking of the atmosphere in a living unit to ensure it is adherent to the treatment model. The measures are completed three times each year by Associate Superintendents who interview staff and residents, conduct observations, and review existing documents.

## **ITM Monthly Adherence Measures:**

Tracking completed on a monthly basis by Program Managers on case managers meeting their monthly requirements of one-on-one counseling, treatment reports and summaries, skills groups, and family contacts. This report also includes general living unit and supervisor measures. The report is compiled into a monthly report which is sent to JRA Central Office.

**ITP-R:** Integrated Treatment Plan – Reviews are two hour meetings held twice each month for administrators and living unit managers, supervisors and coordinators. Psychologists lead the meetings. The meetings started with all present taking turns presenting Behavior Chain Analyses and Integrated Treatment Plans for review. They have progressed into one hour of training on the model and one hour of DBT Consultation Team which is a DBT core component.

**JRA:** Juvenile Rehabilitation Administration is an administration within the Department of Social and Health Services (DSHS). JRA serves Washington State's highest risk youth committed to JRA by any Washington State county juvenile court. JRA includes four institutions for juvenile offenders, including GHS.

## **JRA Extended Management**

**Meetings:** The JRA Assistant Secretary holds quarterly meetings for executives and administrators to develop and carry out strategic planning.

**Mid-Management Meetings:** The GHS Superintendent holds monthly meetings for all administrators, managers, supervisors, and coordinators. At these meetings strategic planning is conducted and reports from work groups on action plans are discussed.

## **N**

**NCCHC:** The National Commission on Correctional Health Care establishes "Standards for Health Services in Juvenile Detention and Confinement Facilities." Every three years auditors from the NCCHC review GHS for certification on these standards.

## **P**

**PbS:** Performance -based Standards for Juvenile Correction and Detention Facilities, developed and directed by the Council of Juvenile Correctional Administrators (CJCA), is a system for juvenile agencies to identify and monitor critical areas of performance and demonstrate effectiveness using national standards and performance outcomes. The PbS system provides facilities with a blueprint for safe, productive, and successful management of youths in government care and a model for proactive learning organizations through a cycle of activities:

- Data Collection and Data Quality Reviews
- Site Reports and Outcome Measure Analysis
- Facility Improvement Plans (FIP)

**PbS Surveys:** Twice each year 30 randomly selected staff and residents complete surveys on the institution on services offered by the institution and whether they fear for their safety.

The survey allows staff to also provide perceptions of how effective systems are in treating youth and what types of training they believe would improve effectiveness at the facility. There is also a Youth Exit Interview conducted on all youth releasing from GHS to ascertain if a youth presents a different picture of the institution when releasing and to provide information on how they are prepared to return to the community.

**PDF:** Position Description Form is a DSHS form that reflects primary duties and responsibilities for positions, as well as, required skills and abilities and other job related information such as dual languages, bargaining unit, work periods, funding source, etc.

**PDP:** Performance Development Plan is a DSHS form for employee evaluations which includes two phases, Performance Planning and Performance Assessment.

**T**  
**Transition Screening Committee:** A GHS committee which meets weekly to review Transition Plans for youth leaving the institution to ensure they are accurate and timely and meet youths' needs.

**Y**  
**Youth Complaints:** JRA documents in Bulletin 13 the process for a youth to file a formal complaint. A complaint is a youth's expression of dissatisfaction placed formally in writing addressing staff actions or decisions in violation of policies and procedures; conditions of confinement; or policies and procedures. There are timelines for working with complaints which, if not resolved, can be forwarded to a Director designee at Central Office.



Above Ariel view early 1900; below late 1900's



Below Ariel view year 2000



## Preface: Organizational Profile

### P.1 Organizational Description:

Green Hill School (GHS) was founded in 1889 and is one of four institutions operated by the Washington State Department of Social and Health Services (DSHS), Juvenile Rehabilitation Administration (JRA). GHS holds male juvenile offenders who are 15 to 20 years of age. At 21 the JRA loses jurisdiction over juvenile offenders. The average age of GHS residents is 17.5. GHS has a rated capacity of 210 residents.

#### P.1.a Organizational Environment

##### P.1.a(1) Products, Services and Delivery

**Mechanisms:** GHS is committed to enhancing community safety. GHS helps juvenile offenders address the reasons they have participated in illegal or unacceptable behaviors and provides them with skills to assist them in living successfully at GHS and when they transition back to their home communities.

##### P.1.a(2) Culture, Purpose, Vision, Mission and Values:

The organizational culture is a caring, safe, and secure environment which promotes positive behavior for staff and residents, and ensures residents receive treatment which will impact them. The purpose of GHS is established in RCW 72.16.020 *"The said school shall be for the keeping and training of all boys...who are lawfully committed to said institution."* GHS has adopted the logo *"Our Mission...To Help Young Men Change."* GHS has also adopted the JRA Vision, Mission and Core Values.

**P.1.a (3) Employee Profile:** GHS employs 260 persons, of whom 16.5% of are part-time or non-permanent. Employees include: 1 Superintendent, 3 Associate Superintendents, 1 Business Manager, 6 Program Managers, 10 Residential Supervisors, 8 Coordinators, 57 Residential Counselors, 21 Counselor Assistants, 4 Security Supervisors, 95 Security Officers, 2 Human Resource Consultants, 3 Administrative Assistants, 4 Office Assistants, 2 Financial Analysts, 3 Fiscal Technicians, 1 Nursing Supervisor, 8 Nurses, 1 Dental Assistant, 2 Psychologists, 1 Recreation Supervisor, 2 Recreation Specialists, 1 Vocational Training Supervisor, 1 Plant Manager, 1 Food Services Manager, 13 Kitchen Staff, 12 Maintenance Staff, 2 Warehouse Workers, 1 Laundry Manager, and 3 Laundry Workers.

Figure P.1.a(2) Vision, Mission and Values

**Vision** We will contribute to the quality of life in Washington State through the use of our leadership, resources, and the commitment of our staff to strengthen communities and services to juvenile offenders.

**Mission** To protect the public, hold juvenile offenders accountable for their crimes, and reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings.

**Core Values** Community Protection, Youth Accountability, Youth Competency Development, Staff Development and Participation, Program Accountability, Collaboration with Stakeholders

Management, Supervisors, Counseling staff, Coordinators and the Recreation Supervisor require college. The Psychologist 4 requires a doctorate and the Psychology Associate requires a Master's Degree. Nursing positions require a Washington State license and minimum of a two year degree. The Plant Manager must have a Water Distribution Manager Certificate of Competency. Staff who work on the pool must be certified. The HVAC Technician must be a licensed journeyman. The Clinical Supervisor of the substance abuse program in the Spruce Unit must be a Certified Chemical Dependency Professional (CDP).

GHS staff are represented by one of two bargaining units: the Washington Federation of State Employees for all union employees, except for nursing staff who are in the Service Employees International Union District 1199 NW.

GHS contracts with an Advanced Registered Nurse Practitioner, Dentist, Dental Hygienists, Psychiatrist, Lewis County Eye and Vision, a Barber, and with the Evergreen College Gateways Program for cultural programs.

Staff at GHS have the following benefits: annual and sick leave, personal holiday, holiday pay, compensatory time, shift differential, shared leave, training, shift bid system, deferred compensation, on-call pay, assignment pay, meals provided for staff working with residents, and Employee Assistance Program.



As a 24 hour residential care facility, GHS must meet many health and safety requirements in state law, rule and policy. Compliance standards derive from the National Commission on Correctional Health Care, Washington State Department of Health requirements and Washington State Labor and Industries requirements. Also see P.1a(5).

**Figure Pa.1(3) Staff Profile**

Gender	Male	71%
	Female	29%
Race/ Ethnicity	Caucasian	76%
	African American	15%
	Hispanic	4%
	Native American	3%
	Asian/Pacific Islander	2%
Education	Postgraduate	3.5%
	4 Year College Degree	45%
	AA or ATA Degree	8%
	H.S. or GED	43%
	Less than H.S. or GED	.5

**P1.a (4) Major technologies, equipment and facilities:** GHS utilizes computer systems which are available to all employees and include e-mail, Internet, and professional office software programs. The computer system also includes the JRA Automated Client Tracking (ACT) system which has information on juvenile offenders throughout JRA. GHS receives technology support from staff assigned to JRA Central Office. GHS also has laptops, projectors, camcorder, printers, faxes, and copy machines located throughout campus.

GHS uses pagers and cell phones for Administrative Officers of Day (AOD) who act as the Superintendent's designee after business hours and for Designated Mental Health Professionals (DMHP) for guidance after hours on residents who are having suicide or self-harm behaviors. GHS also has a satellite telephone for use during emergencies when regular telephones and cell phones may not be operational.

GHS utilizes a radio system of communication. Staff can radio Master Control which is the main base radio, located in Security, to reach the AOD after hours. Staff can radio communications to each other. The radio can also be used by staff who are conducting transports of youth off campus for medical or court appointments.

GHS has vehicles for use on transports of residents and for staff to use attending meetings or trainings. There are also electric carts for use by staff who cover large distances on campus.

Additional equipment includes: ovens, refrigerators, ice machines, freezers, microwaves, food carts, washing machines, dryers, televisions with DVD/VCR players, buffers used to clean floors, tractors, lathes, chippers, Aerial Lifts, mowers, drill press, air compressors, and a man-lift truck. The vocational school classes have standard equipment to allow residents to learn how to do carpentry, welding and auto maintenance, repair, and painting.

GHS is located within the city proper of Chehalis and includes 41 acres of property. GHS is its own small community with five living units for residents. Currently there is a modular Health Center providing medical and dental care and special needs services for youth needing mental health services. There is an academic and a vocational school. GHS contracts with the Chehalis School District to provide a high school for residents, including extensive vocational opportunities in computer use, graphic design, wood shop, welding and auto shop. GHS also has a recreational building which includes a gymnasium, weight room, swimming pool and auditorium. There are outdoor fields for sporting activities. There is a Central Kitchen for dining, a Maintenance Department with several outbuildings, a Laundry, Commissary, Boiler Plant, and a Greenhouse. There is also a sweat lodge for Native American Sweats.

GHS was approved in the current fiscal year to begin a major construction project. The Administration Building, Health Center and Intensive Management Unit will all be rebuilt over the next two years.

#### **P.1a(5) Compliance**

##### Occupational Health and Safety Regulations-

The Occupational Safety and Health Administration (OSHA), the Washington Industrial Safety and Health Act (WISHA) and the Washington State Labor and Industries (L&I) enforce federal and state workplace safety and health rules. GHS must comply with the Washington State Department of Health regulations. GHS reports infection control statistics to the

Lewis County Department of Health. The Lewis County Fire Marshall conducts fire and safety inspections. Central Kitchen food menus and meals preparation are governed by the Office of the Superintendent of Public Instruction (OSPI), the United States Department of Agriculture (USDA), and Hazard Analysis and Critical Control Point (HAACCP) standards. Federal and state law require reporting of abuse and neglect through the Children's Administration Division of Licensed Resources. Background check authorizations are mandatory for all DSHS employees, contracted providers, and volunteers.

Accreditation, Certification, or Registration-

GHS is reviewed every three years by the National Commission on Correctional Health Care (NCCCHC) "Standards for Health Services in Juvenile Detention and Confinement Facilities." The State Department of Licensing issues and reviews certifications and licenses for nurses, chemical dependency professionals, physicians, psychologists, and all licensed drivers. The DSHS Division of Alcohol and Substance Abuse (DASA) certifies and reviews substance abuse programming.

Relevant Industry Standards-

Assigned GHS staff who have been trained on the Performance-based Standards (PbS) conduct reviews twice each year on these national standards. Working with PbS has helped to move GHS forward in compliance with these national standards for juvenile correctional facilities. The American Correctional Standards are national industry standards which are resources in developing policies..

Environmental, Financial, and Product Regulations-

GHS must comply with the Revised Code of Washington (RCW), especially Chapters 13 on "Juvenile Courts and Juvenile Offenders," and RCW 72.16 which is specific to GHS, and the Washington State Administrative Code (WAC), especially WAC 399.700 through 750, the state rule regarding juvenile offenders. DSHS Operations Review ensures compliance with all applicable policies and procedures and GHS is currently going through a major review. The Washington State Auditor's Office ensures compliance with fiscal mandates. GHS must also comply with financial and regulatory requirements, budget requirements, and fiscal standards set by DSHS Office of Financial Management (OFM).

**P1.b. Organizational Relationships**

**P1.b (1) Organizational structure and reporting relationships.** The Superintendent of GHS reports to the JRA Director of Institutions who reports to the JRA Assistant Secretary. The Assistant Secretary of JRA reports to the Secretary of DSHS. The Secretary of DSHS reports to the Governor of Washington. The Washington State Legislature creates the laws under which GHS operates. At times GHS, through JRA, advocates for changes in the laws.

The Superintendent of GHS is the appointing authority for the institution and directly supervises three Associate Superintendents, one Business Manager, and one Secretary Administrative. A GHS administrative Organizational Chart is on page v.

**P1.b (2) Key Customers and Stakeholders**

Key stakeholder and customer groups include: residents, staff, volunteers and contractors, parents, JRA Central Office, other residential facilities, parole offices, Juvenile Courts, government agencies, legislature, and communities.

All customers and stakeholders expect GHS to maintain safety and security of the residents, provide them with food, clothing, amenities, health care, education, work opportunities, spiritual and cultural programming, and appropriate treatment to address the issues which resulted in their confinement.

Parents expect to be able to contact their child and get up-to-date information. Parole offices expect to have current information on youth in ACT and Transition Reports available 45 days prior to transition. Courts and communities expect compliance with court orders and legal financial obligations, including restitution, paid by residents. Government agencies and non-profit organizations who purchase items through the GHS Juvenile Vocational Industries Program (JVIP) expect good quality merchandise which meets their needs. Maple Lane School (MLS) expects laundry to be cleaned thoroughly and in a timely manner. The legislature expects GHS to reduce recidivism.

**P1.b (3) Role of suppliers and partners:**

GHS works in partnership with all of JRA, the county Juvenile Courts, other DSHS agencies and with Tribes in Washington State. GHS

partners with the courts who sentence youth to serve commitments at JRA and to provide diagnostic information on youth prior to them arriving at institutions. GHS partners with community cultural leaders and parents of residents to assist in providing cultural programming to youth.

GHS management staff attend JRA Management Team meetings to learn about new directions for the administration and to help plan the Mission, Vision, and Core Values of the organization..

Important Partners and Requirements: GHS partners with JRA Clinical Director and Program Administrators at JRA Central Office to ensure fidelity to the researched based ITM treatment model and to provide consistency in mental health, substance abuse, and sex offender treatment services. GHS works with JRA IT staff to test part of the ACT computer system.

**P1.b (4) Customer partnering and communications.** The Superintendent attends monthly Superintendent meetings of all JRA Superintendents, takes part in weekly conference calls with the Director, and attends monthly meetings of Superintendents and Regional Administrators to plan direction and compliance for JRA. The Superintendent brings back information to the institution through weekly E-Team (Executive Team) meetings and monthly Mid-management meetings. Program Managers take information to and solicit feedback from the units at Boards meetings held twice each week. Other Unit Managers meet monthly with staff they supervise. E-mail and the JRA Intranet website are also used in communication between staff and managers at all levels. The ACT computer system allows information sharing among all facilities and regions.

GHS provides parent letters and in-person monthly orientation for parents of new residents. GHS provides in person and telephone opportunities for visiting and updates on residents to parents. GHS provides two family dinners a year for families to meet and celebrate with their children. GHS also communicates through standard mail, in-person contacts, e-mails, fax, and telephone calls. GHS management staff conduct tours of the facility.

## **P.2 Organizational Challenges**

### **P.2a. Competitive Environment**

**P.2a (1) Competitive position:** Funding for GHS is based on the number of residents committed to the institution. The numbers of youth committed to JRA institutions has declined over the last five years. This is due to a reduction in juveniles committing violent offenses, laws changing which provide the courts with sentencing alternatives, and some changes in laws for juveniles to be tried as adults. GHS competes within JRA and with other state agencies for available funding from the legislature and the need to provide proof on effectiveness of services provided. GHS also competes with other government agencies for qualified staff.

Size, growth and key collaborators: In 2005 GHS had three units rated for 64 residents each and one unit rated at 48 residents. GHS was impacted by the reduction of commitments on July 1, 2005 when the rated capacity was reduced from 232 to 210 residents. One wing in each of the three open campus units was closed. At the same time as the reductions, JRA worked with the legislature to reduce single bunking and reduce assaults. In 2006, Birch Unit was reduced to 40 beds, all single bunked and the staffing was increased. The fourth wing in the three open campus units was opened, while maintaining 48 residents in the units, and 11 additional temporary staff were added to run the fourth wings. The staff became permanent in 2007.

**P.2a. (2). Determining success:** The legislature generally measures success at GHS through recidivism and will fund the Washington State Institute for Public Policy to measure effectiveness of JRA programs. Success can be measured by reviews and audits that are conducted. Success can also be measured through compliance with the Performance-based Standards (PbS) sponsored by the Council of Juvenile Correctional Administrators (CJCA). In 2004 GHS applied for PbS candidacy and GHS was accepted. Data is gathered twice a year and Facility Improvement Plans (FIP) are put in place to assist GHS in meeting identified standards.

Elements of the treatment model (ITM) are evaluated consistently through reviews on living unit Behavior Chain Analyses, management team and living unit Integrated Treatment Plan reviews, monthly living unit ITM Adherence Measures, and quarterly ITM Environmental

Adherence Measures conducted by Associate Superintendents on their living units. In 2007, a peer review was conducted on GHS processes. GHS collaborates with JRA Consultants on effectiveness of processes and fidelity to the treatment model.

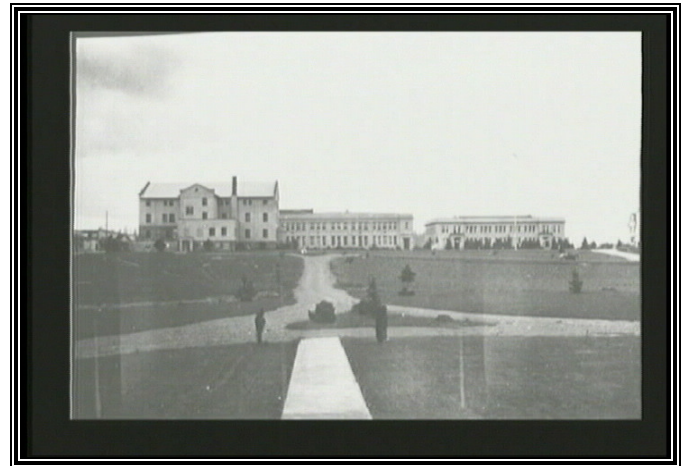
**P.2a (3). Data:** There is analogous data available within JRA on the ITM by comparison with other institutions. PbS provides GHS with comparative data on a national level on key elements which are measured twice each year. This data includes measurements on safety, security, health and mental health, programming, justice, and reintegration. GHS is continually measured on compliance with law and policies through continuous auditing by agencies within DSHS and in other parts of government. GHS is limited in its ability to collect some data through research since the funding must be authorized by the legislature and human subjects review.

**P.2b Strategic context:** A major challenge was the loss of the GHS Superintendent in November, 2006. The Maple Lane School (MLS) Superintendent temporarily stepped in and administered both GHS and MLS. A new Superintendent started at GHS on September 1, 2007. This Superintendent came from Naselle Youth Camp and is an experienced Superintendent which will help minimize this challenge. A challenge which has impacted all areas of GHS is staff turnover. This increases the need for continuous mandatory training in areas that are impacted by adherence to policies and regulations and fidelity to a technical treatment model with residents.

Business challenges include adherence to business policies and regulations during the last year when the Business Office has had four Business Managers as their administrator over the last year and a half. This has impacted fiscal compliance. The amount of policies, adherence measures, and regulations makes it difficult to ensure all processes are being completed accurately and thoroughly and impacts GHS sustainability.

**P.2 c Performance improvement system:** With the implementation of ITM, GHS has been in a continuous focus of performance improvement by trying to achieve fidelity to the model and increase the expertise of staff working with residents. The addition of PbS in 2004 also changed the focus of staff to one of constant

quality improvement on key processes. Systemic evaluation is imposed on GHS through the outside agencies conducting reviews and our JRA or GHS internal reviews for ITM and PbS. Whenever there is non-compliance or a finding, action plans are developed to address improvement in all or selected key processes.





## 2007 Categories and Items

### Leadership

#### 1.1 Senior Leadership:

**1.1A Vision and Values** – Bi-annually, senior leaders meet at JRA Extended Management meetings. Representatives from all facilities meet to review the mission, vision, and core values for JRA. Drafts of these are sent to all managers to finalize and then distributed to staff and stakeholders. They are reviewed at staff meetings, new employee orientation, and tours. They are listed on all GHS meeting agendas. Elements of the vision and values are included in hiring interview questions and local staff meetings. Leaders are held accountable for their commitment to the vision and values through Performance Agreements and Performance Development Plans. The values are:

- *Community Protection*
- *Youth Competency Development*
- *Staff Development and Participation*
- *Program Accountability, and*
- *Collaboration with Stakeholders.*

Senior leaders apply the ITM which fosters all staff acting as role models for the clients served. Senior leaders follow up on ethical and legal issues through investigations and reports to JRA Headquarters. A core value for JRA is staff development. GHS managers ensure staff attend mandatory training and encourages staff training to meet their future goals. GHS applies national PbS and NCCHC standards to encourage continuous quality improvement.

Career goals are discussed and encouraged with staff during supervision meetings. Succession planning and development of organizational leaders was identified by the JRA Assistant Secretary as a priority at the October 5, 2007 Management Meeting.

#### 1.1b Communication and Organizational Performance –

##### 1.1b (1) Senior leaders' communication:

Senior leaders utilize e-mail, a website on the JRA Intranet, and visits to work sites to engage the entire workforce. JRA staff surveys have been conducted since 2004. Directors have held meetings at GHS to provide guidance and receive feedback on systems.

GHS leaders participate in PbS standards which include staff surveys twice each year. The

Superintendent conducts exit interviews for staff who have resigned. Administrators meet regularly with the staff they supervise and the staff teams they oversee. Key decisions can be communicated in person to staff, through e-mail, and at meetings.

Key leaders participate in Employee Recognition ceremonies at GHS quarterly and annually through regional recognitions. Weekly E-Team meetings and monthly Mid-Management meetings begin with appreciations where staff are recognized. Annually, the management team celebrates staff through an Employee Appreciation luncheon and follows it up with a breakfast for graveyard staff. There are door prizes for staff at these events.

Senior leaders focus on accomplishing goals and improving performance by debriefing incidents as they occur to evaluate how they could be avoided or to set in place trainings or changes in policy. Leaders also have several ongoing quality improvement processes in place:

- PbS national standards are tracked twice each year;
- NCCHC national standards are reviewed every three years;
- DSHS Operations Review conducts an audit about every three years on compliance with policy; and
- The ITM includes monthly adherence measures which are reported in GMAP and Environmental Adherence Measures are tracked three times each year.

There are several more health and safety audits conducted at the institution. After each review, action plans are put in place to reinforce performance and service.

**1.1b(2) Senior Leaders Create:** Senior leadership utilizes weekly Administrative and E-Team meetings to focus on the GHS vision, objectives, and quality improvement processes. The GHS PbS Committee meets to address PbS outcomes and to identify areas for improvement. Facility Improvement Plans (FIPs) are developed through work groups and monitored by the PbS Coordinator who is scheduled weekly on the E-Team agenda to provide updates.

Senior leaders create Action Plans to respond to findings for any review or audit. The Action Plans are also reviewed at Administrative and E-Team meetings. Timelines and assignment of staff are identified. Information about quality

improvement processes is also presented at monthly Mid-Management meetings and managers can take information, updates, and seek input from staff at weekly or monthly meetings held in each unit. Resident input is also sought through living unit community meetings, contests for residents to participate in, Student Council, youth complaints, cultural programming, and ITM adherence measure input from residents.

## **1.2 Governance and Social Responsibilities**

### **1.2.a Organizational Governance**

**1.2.a.(1) Review and Achieve Key Aspects of Governance System:** GHS is governed by the Superintendent who is the appointing authority. The Superintendent is governed by the Director of Institutions. The Superintendent leads an administrative team that assists her in organizational review and the achievement of key aspects of the governance system, including:

- Compliance with DSHS and JRA policies and procedures and all required mandates. Compliance is shown through reports generated to Central Office.
- Demonstration of fiscal accountability by adhering to the assigned budget and providing monthly budget reports to JRA Operations and Support Systems. DSHS Operations Review conducts periodic audits of fiscal compliance.
- Transparency in operations is achieved through application of the Governor's Plain Talk initiative. Policies, procedures, and protocols are reviewed utilizing Plain Talk standards. Conflicts of interest are brought to the Superintendent's attention and reviewed through DSHS Human Resources for guidance in handling situations.
- Internal and external reviews are conducted on an ongoing basis. The results of these reviews are taken seriously and action plans are developed and monitored to assure GHS compliance.
- Stakeholder interests' are protected through statutory mandates, policies, and procedures. There is a Youth Complaint process for residents to utilize. JRA contracts with an attorney for residents to contact if they feel they have been treated inappropriately. Complaints for all stakeholders are addressed as soon as possible.

**1.2.a(2) Performance of senior leaders:** The Superintendent has a Performance Agreement with the Director of Institutions and has

expectations set within this agreement which must be met. All staff, including the Superintendent, have expectations for performance set in a Performance Development Plan (PDP). Staff have opportunities to state in the PDP what they need from administration to succeed. Periodically, but at least annually, PDP feedback evaluations are conducted on all staff, identifying areas of success or compliance and challenges during the evaluation period. Performance review compliance is a performance agreement between the JRA Assistant Secretary and the DSHS Secretary. Monthly, GHS reports to JRA Central Office on achievements in this area. JRA also issues a staff survey which includes comments about GHS supervisors, administrators, and JRA senior leaders.

### **1.2.b Legal and Ethical Behavior**

**1.2.b (1) Legal:** GHS must comply with court orders and ensures compliance by reviewing residents before they transition out of the institution to ensure all legal mandates have been followed. Health and safety measures are reviewed and followed to minimize risk.

**1.2.b (2) Ethics:** GHS promotes and ensures ethical behavior through compliance with statutory mandates and policies. New staff review these documents at New Employee Orientation. All employees are required to take Ethics Training which is offered online.

**1.2.c Support of Key Communities:** GHS supports the local Chehalis community by partnering with the police and fire departments, the prosecutor's office on filing complaints. GHS contracts with the Juvenile Court for court time on cases brought before that court for GHS offenders. GHS also supports the other JRA institutions by accepting transfers of residents who would be more appropriate at GHS. GHS administrators conduct tours to educate community partners about the institution. GHS partners with the Chehalis School District contracting for educational services and assigns an Associate Superintendent to coordinate issues which may come up and who also provides education to the school staff. GHS partners with the Evergreen College Gateways Program for cultural and college educational opportunities for residents.

## 2 Strategic Planning

### 2.1 Strategy Development

#### 2.1.a Strategy Development Process

**2.1.a (1)** Since 2000, JRA strategic planning has been developed bi-annually at JRA Extended Management meetings, which includes representatives from GHS. Managers take aspects of the strategic plan to areas they supervise for review and to carry out action plans within required timelines. Aspects of the plan are included in PDPs for all staff. GHS also conducts strategic planning on “best practices,” including PbS, NCCHC, ITM, and reviews conducted by other entities which allow GHS to seek continuous process improvement. GHS reviews major incidents and this can also help to develop work plans which contribute to meeting goals set through strategic planning.

A major strategic challenge for GHS was filling permanently the Superintendent position in 2007 after a ten month recruitment process. The JRA Youth Camp Superintendent Marybeth Queral was appointed Superintendent of GHS. Ms. Queral’s JRA and Superintendent experience have benefited GHS greatly. A second challenge was filling the Business manager position. There have been two temporary and two permanent Business Managers in the last year and a half. This turnover challenged GHS in meeting DSHS Operations Review deficiencies which were identified in a recent review. On February 16, 2008 Marie Vanderberg returned to GHS as the Business Manager, bringing with her experience from both GHS and Naselle Youth Camp.

**2.1.a (2)** JRA strategic planning allows GHS to

address the following key factors for the institution’s strategic planning:

- The Superintendent attends monthly statewide meetings which address aspects of the JRA strategic plan. The Superintendent brings updated information back to the institution. The Superintendent then reports monthly to the Director of Institutions on GHS’s ability to execute the strategic plan.
- GHS managers use the JRA strategic plan to develop work and action plans to assist GHS to move forward in a systematic manner.
- By adopting evidence based treatment interventions, JRA is in the forefront of effectively managing and transitioning juvenile offenders. GHS continually monitors and studies trends to plan strategically.
- Sustainability is addressed by innovative approaches in managing a decreasing number of offenders.
- GHS identified aggression as an area to target and this resulted in decreasing the number of youth in each living unit, with an increase of staff to more effectively manage youth and decrease acts of aggression.

#### 2.1.b Strategic Objectives

**2.1.b(1) and (2)** The key strategic objectives, challenges, opportunities for innovation, long and short term goals and balance of needs for JRA/GHS in the current biennium are outlined in Figure 2.1.b(1) and ((2)

**Figure 2.1b(1 and 2)**

Strategic Objective	Strategic Challenges	Opportunities for Innovation	Goals Long/Short	Balance of Need
Comply with best practices	Orienting and training staff	Include compliance in PDPs	Orientation and education	Improve effectiveness of rehabilitation
Enhance human resource development	Drawing a diverse and qualified staff to a rural area	Market GHS	Job fairs, salary re-classification Retention rates	Staff mirrors client culture
Health and safety of youth	Holistic approach for youth and maintaining a safe environment for youth and staff	Apply ITM and PbS standards with youth and staff. Seek feedback from stakeholders Training	Decrease self-harm, aggression, and on the job injuries	Safety and security and quality assurance of model and standards
Improve program accountability	Managing the large number of standards and information system changes	Utilize technology and best practices to manage information Partner with experts in the field	Orient and educate to standards Preliminary reviews to prepare for formal reviews	Compliance and developing action plans Welcome feedback as a positive

## **2.2.a Action Plan Development and Deployment**

**2.2.a (1)** Action plans are developed through GHS work groups. The Superintendent assigns or a manager volunteers to take on an action plan. Draft plans are developed and then approved by the Executive Team. Action plans continue to be listed as agenda items for Executive or Mid-Management Team meetings. Periodic reviews by administrators or managers are conducted to ensure outcomes can be sustained.

**2.2.a (2)** Budget allocations are forwarded from Central Office. 85% goes to salary and benefits. The rest of the budget is for programming and maintenance. The Business Manager provides administrators with budget updates. The administrative team meets frequently to ensure budget compliance and to develop budget requests. The Superintendent and Business Manager meet semi-annually with Central Office budgeting staff on allotment reviews for GHS. The Superintendent will advocate with the Directors of Institutions and Support Programs for resources. Continual review by the administrative team allows GHS to balance resources to meet current obligations. The Superintendent advocates for additional resources when needed or available.

**2.2.a (3)** By having most action plans carried out by a work group of staff who are knowledgeable about the topic, the group can be called together quickly to modify plans and develop changes or new directions for plans.

**2.2.a (4)** Key short and long term action plans are outlined in Figure 2.2.a (4)

**2.2.a(5)** Key human resource plans to accomplish short and long term strategic objectives include:

- Utilize staff's talents to lead and contribute on work groups to carry out action plans.
- Update GHS PowerPoint presentation to help market GHS to others.
- Attend job fairs and partner with colleges on internships to enhance hiring of diverse and quality staff.
- Managers assist staff development through one on one monthly meetings and well thought out PDP "staff training and developmental needs" section. Managers also follow through on Part 2 "organizational support"

where staff identify what they need from their supervisor to succeed.

**2.2.a (6)** Action plans are consistently reviewed by the administrative team to ensure the measurement system covers all key deployment areas and stakeholders.

**2.2.b Performance Projection** As action plans are carried out, the projections may be impacted by other elements and projections are then subject to change.

## **3 Customer and Market Focus**

### **3.1 Customer and Market Knowledge**

#### **3.1.a Customers and Market Knowledge**

**3.1.a (1)** The main customers for GHS are the residents committed to the institution. The mission for GHS is to "help young men change." Customers also include the families of the youth who are incarcerated at GHS. *There are many other customers for GHS, including: staff, the community, regional parole offices, law enforcement, Prosecutor's Offices, Evergreen College Gateways Program, and other DSHS offices, etc. This section will address residents and families as our main customers.*

**3.1.a (2)** Residents have opportunities to provide feedback through PbS surveys, ITM Environmental Adherence Measures, and Youth Complaints. Residents can ask to talk to their Case Manager, Supervisor, Program Manager, or Associate Superintendent at any time about issues. Case Managers contact family members at least monthly to discuss issues and receive feedback. All supervisors will take telephone calls from family members and address their concerns. Some customers require interpreters and this service is available. TTY technology is available for the hearing impaired. GHS is ADA accessible everywhere except one living unit and the steam plant.

**3.1.a (3)** Feedback received from residents and families is discussed and can impact change for GHS. Attempts are always made to resolve any differences or to more fully explain policies and programming at GHS. Daily community meetings are held in the living units to give residents an opportunity to provide feedback which can impact changes in the unit schedules, program, or incentive program. Weekly visiting gives case managers opportunities to meet with families to build relationships.

**3.1.a (4)** GHS has implemented the ITM which is treatment made up of evidence based interventions researched for effectiveness with juvenile offenders. GHS participates in monthly reporting on the model and is included in all JRA research studies on the model.

GHS implemented DBT study work groups for staff in February, 2008 which will assist staff in adherence to the model.

**Figure 2.2a (4)**

ACTION PLAN TITLE	SHORT-TERM	LONG-TERM
DSHS Operations Review of 11/07 – compliance with best practices	Steps identified through 2/08	Ongoing items for continuous quality review and quarterly formal updates for Ops. Review
ITM at GHS – program accountability	ITP-R development for 2008, Transition of ITM Coordinators, Study groups for staff, and Skills groups development for residents	Continuous quality assurance and review, partnering with Central Office staff
PbS – compliance with best practices for health and safety	Orient to aggression protocol; Better communication sharing of information on youth Review results of supplemental survey and develop action plan, if needed Gang database development	Aggression protocol implemented Continue to monitor issues with contraband to determine if action plan is needed Continue to monitor ongoing action plans on legal rights for youth and youth exit interviews for sample sizes
Enhance human resource development	Recruit and retain diverse, quality staff Address staff retention Recognize and acknowledge staff's work	JRA proposal for staff salary increases
Risk Assessment Self-Evaluation (RASE)	Superintendent and Business Manager trained 2/08	Implement new RASE tool in 2008 and follow through with action plans, as needed

### **3.2 Customer Relationships and Satisfaction**

#### **3.2.a Customer Relationship Building**

**3.2.a (1)** Motivation and engagement of staff, residents, and families are important aspects of ITM. It begins by orienting everyone to ITM and the expectations within the program. It is accomplished by tying career goals of staff to performance expectations and tying treatment to the goals of youth for residents and families. GHS spent the months of November and December, 2007 on commitment strategies for staff attempting to engage staff's commitment and to work more effectively with residents and families.

**3.2.a (2) and (3)** Residents are able to seek information and make complaints through weekly meetings with their assigned Case Manager. There is also a bulletin on Youth Complaint processing that allows residents to make complaints without going through the staff in their unit. Youth dissatisfaction, through the complaint process, is managed by the Program

Manager and Associate Superintendent. If the youth is still dissatisfied, then the complaint can go to Central Office. Parents can access information through monthly contacts with their son's Case Manager or by contacting Supervisors to help resolve complaints. The ITM has monthly adherence measures for all Case Managers which are reviewed throughout the month by Supervisors and reported on to the Superintendent and Director of Institutions monthly. When staff are not in compliance with these measures, it can be a performance issue.

**3.2.a (4)** The consultants for ITM meet monthly to review progress on implementation of the model and to make any needed changes in the model to ensure customer access and approaches to building relationships are up-to-date.

#### **3.2.b Customer Satisfaction Determination**

**3.2.b (1)** Customer satisfaction is tracked and addressed through PbS surveys, youth complaints, letters of appreciation from families,

direct feedback from residents and their families, and youth complaints.

**3.2.b (2)** All youth complaints are tracked to ensure complaints are responded to within 7 days and the results of the complaint are also tracked. Associate Superintendents conduct ITM Environmental Adherence Measures Surveys with residents and staff three times each year to gauge the living unit environment and to create action plans for improvement.

**3.2.b (3)** JRA Central Office partners with GHS to research additional proven interventions which are in the forefront nationally and which can be applied to assist with customer service. This initially started when ART was implemented at the institutions and has gone on to include DBT.

**3.2.b (4)** GHS staff have adopted the DBT treatment assumption that we are all doing the best we can and we can always do better. This is applied to our own performance, as well as the residents, and creates an atmosphere of constant quality improvement.

## **4 Measurement, Analysis, and Knowledge Management**

### **4.1 Measurement, Analysis, and Improvement of Organizational Performance**

#### **4.1.a Performance Measurement**

**4.1.a (1)** GHS collects and reports to JRA on a number of items including adherence to ITM, hiring, leave usage and overtime, discipline, grievances, evaluations completed on time, terminations, resignations, separations, staff training, legal and audit issues, ethnicity of clients, youth issues, family contacts, legislature contacts, community contacts, tours conducted, and customer complaints. PbS data is collected biannually and reported in a national database. Staff surveys are used to get an understanding of concerns at all levels of employment. Each report is reviewed by the administrative team for compliance with strategic goals. Adjustments in strategic plans are made when indicated, including budget considerations. Results are shared with staff.

**4.1.a (2)** The data collected allows GHS managers to observe compliance with statutory mandates and administrative directions. The data gives progress on implementation of ITM and the need for changes of direction with the implementation. Often innovative solutions are

proposed and discussed with the management team.

**4.1.a (3)** The frequency with which data is collected allows GHS to remain current with business needs. Needed changes can be identified quickly and new directions implemented. Others within JRA review also information and give feedback to management on possible needed changes. With PbS, feedback is given by the consultant at the national level. All of this is reviewed routinely to ensure GHS is meeting strategic goals. The performance measurement system for ITM is constantly reviewed by the Clinical Director and other ITM experts for needed changes. These consultants meet with institution staff to receive feedback when changes are needed and they are receptive to change.

#### **4.1.b Performance Analysis, Review and Improvement**

**4.1.b (1)** Performance analysis and review is done on a continual basis. As data is gathered, it is reviewed for compliance or improvement. The data is also analyzed for accuracy. Associate Superintendents meet monthly with Program Managers to monitor compliance with ITM standards. The management team and other key staff meet on PbS standards after data is gathered and reported. A Facility Improvement Planning Team develops FIPs on areas the team agrees need to be addressed. This process of quality improvement is utilized after incidents when debriefings are conducted and action plans are put in place. Reviews by outside agencies can generate additional action plans to improve performance and to meet strategic objectives. Action plans include timelines to ensure change is addressed as needed and managers follow-up to ensure timelines are met. Managers' flexibility in working on action plans is key in meeting rapidly changing organizational needs.

**4.1.b (2)** Performance review outcomes generate priorities and opportunities for innovation. Most performance reviews conducted at GHS are based on research based interventions which continually offer opportunities for innovation. PbS reviews and surveys are examined in committee to ensure the outcomes are appropriate and not an irregularity which does not need to be addressed. For example, we are currently monitoring contraband issues from October, 2007 and have discovered that month was an anomaly from other months. Results of

reviews are reported to Central Office and some results are posted on the JRA Intranet and available to staff and stakeholders.

**4.1.b (3)** Performance reviews have a fairly regular schedule which allows for continuous quality improvement of key processes.

#### **4.2 Management of Information, Information Technology (I.T.), and Knowledge**

##### **4.2.a Management of Information Resources**

**4.2.a (1)** GHS human resource and business office staff utilize the DSHS Human Resources Management System (HRMS) for personnel and financial data. JRA has developed an Automated Client Tracking System (ACT) to document information on youth during their commitment. JRA parole offices and county courts enter initial diagnostic and risk assessment information on new youth committed to the institutions. GHS case managers enter information on residents throughout a youth's stay. This information is available to all JRA staff and Juvenile Court county staff.

**4.2.a (2)** JRA Information Services ensures that hardware and software are reliable, secure, and user-friendly. I.T. staff provide training on use of the software and a staff is assigned to GHS to ensure the system is maintained.

**4.2.a (3)** JRA I.T. assigns a staff to GHS to deal with computer emergencies and to ensure continued availability of hardware and software systems. There are also back-up hard copies of files on residents for use during emergencies.

**4.2.a (4)** JRA I.T. solicits input from all areas of JRA to ensure their staff and systems meet current business needs and technological changes. A GHS Associate Superintendent serves on an I.T. committee to provide input from the institutions and takes the outcomes to the JRA Superintendents at monthly meetings.

##### **4.2.b Data, Information, and Knowledge Management**

**4.2.b (1)** GHS ensures the following:

- GHS staffs residents on a continual basis at meetings in the living units and reviews information in ACT to determine accuracy. When mistakes are found in the system, JRA has an ACT Help Desk which can be notified by e-mail to correct problems.
- JRA Bulletins and GHS policy provide direction to staff on the timeliness of entries

into the ACT system. The entries are reviewed and approved by supervisors and monthly reports are sent to the Superintendent on timeliness of documents.

- There are Administrative Policies and JRA Bulletins which address security and confidentiality of data. JRA I.T. services also addresses integrity and security of the system. Residents are not allowed access to computers with ACT information on them.

**4.2.b (2)** Organizational knowledge is managed as follows:

- Generally, workforce knowledge is transferred through up-to-date bulletins and local policies. On a day to day basis, knowledge on residents is transferred from shift to shift through log books in each unit which tracks youth behavior. These entries are put on the computer every night and accessible to all staff. Supervisors utilize e-mail to provide additional knowledge to staff.
- At least 45 days prior to residents leaving GHS, a Transition Screening Committee is held to ensure all paperwork is up-to-date on youth and policies have been followed.
- The Superintendent ensures GHS is represented on statewide committees or work groups to identify, share, and implement best practices throughout JRA in a timely manner.
- The Superintendent ensures GHS administrators attend JRA Extended Management Team meetings to participate in strategic planning for JRA. The Superintendent holds regular meetings with all supervisors to ensure GHS strategic planning. This information is then shared with all staff at weekly staff meetings.

## **5 Workforce Focus**

### **5.1 Workforce Engagement**

#### **5.1.a Workforce Enrichment**

**5.1.a (1):** Key factors for workforce engagement are determined through expectations in the PDP and staffs' ability or desire to meet the expectations. Workforce satisfaction is determined by employees meeting expectations set and meeting monthly with their supervisor to review performance and job satisfaction. Staff have opportunities to report to JRA on job satisfaction through the JRA Survey which is offered annually and through GHS PbS surveys.

Staff in the living units meet at least weekly to talk about living unit issues and to address job satisfaction. Staff in support areas meet monthly to address issues.

**5.1.a (2):** GHS fosters a culture of high performance and a motivated workforce by:

- Orienting new staff to policies and procedures during New Employee Orientation and on-the-job training.
- Expecting all staff to model the DBT skills and be role models of pro-social behavior for residents;
- Applying commitment strategies to obtain commitment from all staff, especially in relation to applying ITM;
- Conducting meetings to inform staff about issues and requesting input from staff;
- Asking senior staff to mentor new staff;
- Fostering open door policies for all supervisors and setting scheduled monthly supervision meetings with staff supervised;
- Utilizing the PDP process for individual goal setting;
- Mentoring staff for promotions and hiring processes;
- Acknowledging staff's initiative in taking on extra assignments; and
- Promoting diversity and cultural awareness by allowing staff to volunteer for specialty cultural programming assignments and scheduling cultural events for all staff to attend.

**5.1.a (3):** The GHS workforce performance management system supports high performance work and workforce engagement through positive reinforcement. At least monthly, supervisors meet with the staff they supervise and evaluate the motivation and engagement of staff. Successes for that month are acknowledged and individual commitment strategies are developed to work with staff. Rewards and recognition of staff are conducted at most meetings which are opened with appreciations. Staff may nominate a staff person for Employee of the Quarter. The nominees and the person who receives the award are all acknowledged. Annually, GHS holds an Employee Recognition Ceremony and the Superintendent acknowledges staff for quarterly and annual awards. Some of these staff, and others, go on to recognition at the regional level.

#### **5.1.b Workforce and Leader Development**

**5.1.b. (1)** GHS's workforce development and learning system address the following:

- Staff needs and desires for learning and development are enhanced through the PDP process by identifying training needs and development opportunities and having staff describe how they can be supported in future career goals. Staff also meet with their supervisors on a regular basis to review accomplishments in these areas.
- Staff are prepared for performance improvement and technological change through training offered on new concepts.
- Staff are asked to serve on JRA wide work groups to expand their development opportunities by giving them a more well rounded picture of JRA needs and challenges.

**5.1.b (2)** The JRA Assistant Secretary identified improving the development and learning system for leaders at the September, 2007 JRA Extended Management Meeting.

- GHS offers leaders opportunities to serve in temporary positions, supervisory and human resource training, and additional trainings on the JRA treatment model.
- Leaders can serve on statewide committees or work groups to gain organizational knowledge. Leaders visit other institutions and JRA facilities to expand their knowledge.
- Organizational core competencies, performance improvement, technological changes and innovative approaches are discussed and reviewed at weekly E-Team meetings, monthly Mid-Management meetings, PbS Committee meetings, and at weekly A-Team meetings.
- Leaders may serve on the GHS PbS Committee or the ITM Committee which offers them opportunities for organizational improvement, changes, and innovation.

**5.1.b (3)** GHS evaluates the effectiveness of its workforce and leadership development through the PDP process, the JRA staff survey, the PbS staff survey, and exit interviews with the Superintendent for departing staff.

**5.1.b (4)** Effective career progression is managed by exposing staff to the job duties for other positions and providing training for some of those duties. An example of this was offering staff the opportunity to become trainers for New



Employee Orientation which is a duty performed by the Program Manager 2. Staff have also been offered opportunities to become trainers in Suicide Prevention and First Aid training to enhance their communication skills. Other opportunities include asking staff to participate as leaders of cultural groups to help them develop their organizational and communication skills.

#### **5.1.c Assessment of Workforce Engagement**

**5.1.c. (1)** Workforce engagement is assessed during the PDP process, through the DSHS/JRA annual survey, PbS staff interviews, and exit interviews with the Superintendent.

**5.1.c (2)** Assessment findings can be related to audits and reviews conducted by peers and outside agencies on GHS operations.

### **5.2 Workforce Environment**

#### **5.2.a Workforce Capability and Capacity**

**5.2.a (1)** GHS's workforce capability and capacity are assessed through up-to-date Position Description Forms(PDFs) for each position. The PDFs were updated after the introduction of the ITM and Case Managers' knowledge, skills, and abilities changed with the application of the treatment model. Staffing levels are determined through the JRA Custody Staffing Standards which were developed in 1997 and updated in 2005. The updated staffing standards were only adopted in the GHS Birch Living Unit as a test to determine if this model was successful in addressing aggressive behavior. The staffing standard at GHS was expanded in 2006 to open campus units to address single bunking and aggression issues and this temporary expansion of staff was funded permanently in the 2008 budget.

**5.2.a (2)** DSHS utilizes E-Recruiting to recruit candidates for positions. GHS managers also attend job fairs for recruitment opportunities. GHS partners with several colleges to provide internships for students who oftentimes apply for permanent jobs. Administrators lead all interview panels to ensure consistency and fairness of the process. New employees are placed in positions for which they appear on the register and where it is a good fit of skills and abilities for the assignment. Employees are retained by giving them the opportunity to work in a team oriented environment where they are provided training on the treatment model that can be applied at work and in their personal life.

GHS attempts to ensure staff represent the diverse ideas, cultures and thinking of the residents, however this is a challenge with GHS located in a rural community. GHS has the highest workforce of color for a JRA institution but does not adequately represent the number of youth of color at the institution.

**5.2.a (3)** GHS leaders manage and organize the workforce through a team oriented approach. Communication is a priority and is carried out through e-mail and meetings. At meetings, there are agendas which prioritize items addressing core competencies and action plan follow-up. Items continue to be brought up on agendas until there is completion. Staff concerns are addressed. Positive reinforcement is used with staff who meet or exceed expectations. This can be through a one on one acknowledgement, e-mail, letter of recognition, or voting for employee of the quarter. The Superintendent assigns managers to oversee changing business needs to ensure follow through in all areas.

**5.2.a (4)** The Superintendent learns of changing capability and capacity needs at Superintendent and Regional Administrator meetings. The Superintendent notifies managers of upcoming changes and plans are put in place to implement the changes. Staff are notified of upcoming changes through e-mail, staff meetings, and one on one supervision meetings. The union is kept up-to-date on changes which will impact the membership. Training is provided to all staff on changes in the workplace and follow-up guidance with a supervisor is also available. If reductions in force are required, the administrative team confers on where these should take place. Care is given to look only at positions and not the persons in the position.

#### **5.2.b Workforce Climate**

**5.2.b (1)** Health, safety and security is a priority at an institution for juveniles. The Program Manager 2 is assigned the GHS Safety Officer. A Safety Committee, with representatives from each area, meets monthly to address issues. There are routine reviews conducted by outside agencies to ensure GHS is in compliance with health, safety and security best practices, policy, and statutory mandates. All JRA institutions have adopted the NCCHC standards for juvenile confinement facilities and GHS is audited every three years on these standards. Daily, weekly, and monthly inspections are conducted in the living units for cleanliness. The Safety

Committee conducts Quarterly Health and Safety inspections on all areas of campus to ensure staff are complying with all applicable standards. When there is non-compliance during any review or audit, action plans are developed to address deficiencies and the action plans are monitored by managers for adherence.

**5.2.b (2)** DSHS issues Administrative Policies to guide staff. JRA issues Bulletins which are policies and procedures for carrying out duties. GHS has a representative on the JRA Bulletin Committee. GHS issues local policies to assist staff in carrying out Bulletins and procedures at the institution. A local Policy Committee meets monthly with representatives from all areas of GHS. GHS has a business office with staff who are available to assist staff in accessing financial benefits and human resource staff to assist staff through the application and hiring process. Training is available to staff in person or on-line.

## **6 Process Management**

### **6.1 Work Systems Design**

**6.1.a Core Competencies:** See section 1.1

**6.1.a (1)** Core competencies for JRA and GHS are determined through state law. RCW 13.40.460 establishes state institutions for juvenile offenders. Youth who have more than thirty days on their sentence can be committed to a JRA institution. The JRA mission statement addresses core competencies for JRA and GHS: “protect the public, hold juvenile offenders accountable for their crimes, and reduce criminal behavior through a continuum of preventative, rehabilitative, and transition programs in residential and community settings.” The competencies listed in the mission statement are considered in all action plans. GHS competes with the courts and the other three JRA institutions for clients, however this does not impact core competencies.

**6.1.a (2)** The work systems for GHS are primarily the staff. The Collective Bargaining Agreement, Position Description Forms, and policies dictate the internal systems for GHS. External services include contractors. The Superintendent, working with JRA Central Office, determines which systems will be internal and which will be external. Examples of external resources include: Psychiatrist, Dentist, Dental Hygienists, Evergreen College Gateways Program, and Barber.

### **6.1.b Work Process Design**

**6.1.b (1)** GHS’s key work processes are the residents who are in custody. This work process relates to the core competencies because GHS is able to keep the community safe from these youth and the youth are provided with interventions to help them change by developing competence in socially responsible behaviors. These processes contribute to long term cost benefits to the state and local communities when juvenile offenders stop committing major crimes and no longer use court and institutional resources. Residents’ successes contribute to job satisfaction for staff when they see them mature and build skills to help them transition from GHS.

**6.1.b (2)** The key requirements for GHS’s work processes are determined both internally by JRA staff and externally through statutory mandates and national standards of care. Work process requirements can be determined through work groups which include GHS staff, as well as, staff from other facilities and agencies.

**6.1.b (3)** Innovation of work processes has been maximized with the implementation of ITM in working with residents and the development of the ACT computer system for juvenile records. The JRA Clinical Director attends ITP-R meetings monthly to get feedback on ITM implementation and to learn more efficient and effective ways to carry out the model. Monthly reviews of adherence measures impacts GHS’s productivity and efficiency with the model. By meeting locally and with JRA managers and work groups, GHS managers are able to assist JRA in providing feedback on technological needs by providing feedback when requested and serving on work groups. GHS staff act as testers for new IT components to systems.

**6.1.c Emergency Readiness:** GHS complies with DSHS direction and policy on emergency preparedness. GHS Policy 23-2 addresses “Response to Emergency Situations.” Emergency evacuation procedures are posted in all of the buildings on campus. This policy covers prevention, management, continuity of operations, and recovery. A disaster drill is conducted annually on disaster preparedness and annually for health center response to crises. There are living unit fire drills monthly and all other buildings have fire drills quarterly. Staff are trained on emergency preparedness responses during New Employee Orientation. GHS also

partners with the local community on storing emergency supplies for both GHS and the local community.

## 6.2 Work Process Management and Improvement

### 6.2.a Work Process Management

**6.2.a (1)** Work processes are implemented by providing staff orientation, training, and supervision on the process. Work processes are reviewed internally and externally for compliance, accuracy, and efficiency. As input is received, processes are reviewed to ensure compliance and that staff understand expectations. Key performance measures include ITM adherence measures, PbS tracking, NCCHC standards, DSHS Operations Reviews, Annual Loss Control Evaluations, and day to day supervisory oversight of processes.

**6.2.a (2)** Cost expenditures are reviewed by Supervisors, Associate Superintendents, and the Business Manager prior to purchases to ensure they are within budget constraints. Equipment and health and safety lists are maintained on a regular basis to ensure these funds can be accessed when they are available. Business Office staff are proficient in monitoring defects, service errors, and warranty costs and forwards this information to the attention of the Business Manager to monitor and address with the Superintendent. At GHS all maintenance work is tracked in the “Benchmark” computer system. This system allows preventative maintenance work to be completed to keep equipment running and minimizes replacement costs.

### 6.2.b Work Process Improvement

Process improvement is a constant at GHS. Internal and external reviews provide opportunities to see if staff are complying with policies and best practices. When there is non-compliance, action plans are put in place to improve processes. The action plans are reviewed by managers to ensure they are completed on time and accurately.

## 7. Results

### 7.1 Product and Service Outcomes

#### 7.1.a Product and Service Results

GHS has participated in PbS since April, 2005. Twice each year critical areas of performance in JRA institutions are monitored and compared with national averages. The results are reviewed and areas are identified for Facility Improvement

Plans (FIP). Figure 7.1.a PbS Milestones tracks events from 2004 to 2007. The first FIPs addressed the data collection process to improve quality of the data and to have the ability to increase the sample size.

**Figure 7.1a PbS Milestone**

TIME PERIOD	PbS MILESTONES FOR GHS
November, 2004	Introduced to staff. Candidacy period began.
April, 2005	First PbS collection.
March, 2006	CJCA determined GHS met all data reporting requirements and successfully completed the candidacy stage. Data is now included in the overall national field average.
Summer, 2006	GHS begins aggression reduction strategies.
Fall, 2007	Supplemental surveys of staff and youth to identify factors leading to increased levels of fear along with possible remedies.

In October, 2007 the PbS Youth Survey indicated there was an increase in youth not understanding the facility rules and their legal rights. This resulted in an FIP to develop a curriculum on these subjects to be reviewed with youth at intake. Youth now sign off on a form that these important areas have been discussed with them. Future results will be tracked to see if the FIP results are meeting the needs of youth. Figure 7.1a PbS Key Criminal Outcome Results table shows the ratio of comparisons between GHS and ALL other national correctional facilities participating in PbS. (See Figure 7.1a)

Health services are reviewed every three years by the NCCHC. The result from the spring, 2006 review was full accreditation for GHS.

Every three years the DSHS Operations Review audits GHS compliance with policies and procedures. In August, 2007 GHS was reviewed. There were ten findings documented, six of which were findings for the Business Office and can be attributed to the change of Business Managers. Action plans were developed for the findings and updated reporting continues.

**Figure 7.1a PbS Key Critical Outcome Results**

Outcome Measure	Comparison	April 2005	Oct. 2005	April 2006	Oct. 2006	April 2007	Oct. 2007
Injuries to Staff	GHS	.024	.185	.106	.241	.048	0.067
	ALL	.82	.082	.087	.072	.066	0.055
Injuries to youth by youth	GHS	.061	.031	.077	.000	.032	0.000
	ALL	.068	.050	.049	.048	.044	0.43
Injuries to youth by staff	GHS	.015	.062	.015	.015	.000	0.000
	ALL	.027	.026	.024	.024	.012	0.032
Injuries during restraint use	GHS	.031	.154	.015	.015	.000	0.000
	ALL	.038	.049	.021	.022	.010	0.031
Suicidal behavior	GHS	0.000	0.000	0.00	0.000	0.000	0.000
	All	0.058	0.028	0.024	0.020	0.027	0.029
Assaults on youth	GHS	.352	.308	.308	.089	.111	0.114
	ALL	.288	.239	.241	.305	.251	0.297
Youth who fear for their safety	GHS	13.333	14.815	28.571	15.625	19.355	12.500
	ALL	20.767	22.881	18.832	21.447	20.479	17.516
Staff who fear for their safety	GHS	30.00	13.333	28.571	11.765	16.667	16.129
	ALL	13.384	15.344	16.216	17.520	16.825	19.668

Annually, GHS participates in the DSHS Annual Loss Control Evaluation on health and safety regulations. In 2007, GHS was given high marks for being 99.99% in compliance with DSHS regulations and policies. The reviewers stated “GHS is the model for all of the DSHS facilities.”

The GHS SAGE intensive outpatient substance abuse program is certified through the Division of Alcohol and Substance Abuse (DASA). This program is reviewed every three years for compliance with certification standards.

**Figure 7.1a SAGE DASA Certification**

YEAR OF DASA REVIEW	RESULTS
2001	Extremely deficient and program was placed on probationary status
2004	0 deficiencies
2007	1 minor deficiency-quality of program rated in top 3 for WA

In October, 2005 GHS implemented an ITM monthly report for all living units. This report demonstrated whether staff met their minimum case management requirements for youth on their caseload. The report documents one on one counseling, treatment plans, skills groups, and family contacts. Supervisors use this tool in their monthly meetings with staff. This report

has proven to be effective in tracking data to help GHS be adherent in carrying out ITM. The report has shown a steady increase in compliance from December, 2005 to January, 2008.

**Figure 7.1a ITM Monthly Adherence Report**

MONTH/YEAR	COMPLIANCE	NON-COMPLIANCE
December, 2005	12%	88%
January, 2008	43%	57%

In 2005, JRA implemented ITM Environmental Adherence Measures. Associate Superintendents evaluate the living units every four months on whether GHS is meeting these measures. Action plans are developed from the reviews. In October, 2007 and February, 2008 four of the five living units met all of the measures.

## 7.2 Customer Focused Outcomes

Labor and Industry reports of injury are tracked monthly and discussed at Safety Committee. The annual tracking shows:

YEAR	# OF REPORTS OF INJURY
2005	75
2006	74
2007	68

Since 2005, GHS has participated in PbS surveys for staff and youth with the following cumulative results tracked from 2005 to October, 2007.

**Figure 7.2 PbS Staff Survey:**

SURVEY TOPIC	STAFF POSITIVE RESULTS	YOUTH POSITIVE RESULTS
Do not fear for safety	78.31% *	79.26% *
Facility is clean	86.77%	71.28 %
Facility has good school program	71.43%	78.72%
Rules are fair for youth	93.6%	53.19%
Everything is working in the units	93.12%	78.19%
Youth are given required property	98.41%	91.49%

\* Fear issue addressed through an FIP

The results of the DSHS-JRA-GHS Employee Survey comparing 2006 and 2007 showed an increase in staff responding “always” or “usually” for 15 of 17 items, including percentage increases in the areas of:

- Opportunity to give input on decisions affecting my work = 18%
- Receive information to do my job effectively = 12%
- Know how my work contributes to the goals of the agency = 12%
- Know what is expected of me at work = 8%
- Opportunities to learn and grow = 9%
- Have tools and resources needed to be effective = 10%
- Receive recognition for a job well done = 11%
- PDP provides me with meaningful information about my performance = 9%
- Spirit of cooperation and teamwork exists in my workgroup = 8%
- My time and talents used well = 11%
- People are treated fairly, without discrimination = 10%

GHS partners with the Evergreen College Gateways Program for cultural programming for youth. In 2007 and 2008, the contract was expanded to better meet the needs of youth and now also includes college classes for residents who have high school diplomas, Poetry Workshop, Writing Class, and a Community Skills Class to assist with transition.

### 7.3 Financial and Market Outcomes

Both the Chehalis community and the legislature have been supportive of GHS.

Construction: GHS is situated in the city of Chehalis, surrounded by a park and residential area. Prior to 1984 GHS had an open campus. In 1984, residents assisted contractors in building a fence around GHS and in 1995 razor wire was placed at the top of the fence. In 1996, GHS was allocated funding to begin a major construction project. Old 16 bed cottages were removed and four new units were rebuilt using the adult jail model. The IMU was the only living unit not replaced.

During the first six months of 1999, the new living units were occupied and up and running. On July 16, 1999 the new Security and Visitor’s Center Building was occupied. In 1999 the new Central Kitchen, Vocational School Building, Commissary, Maintenance and Laundry were completed. The changes brought on by construction have impacted the look of GHS and it now has the feel of a college campus.

In 2007 GHS was successful in receiving funding for the last major phase of construction. By late 2009 there will be a new IMU, Health Center and Administration Building constructed. In late, 2007 the old Administration/Health Center building was demolished and new construction is scheduled to begin in April, 2008.

Population: While GHS has been supported with construction projects, over the last five years, JRA has had a fluctuating population which has impacted the viability of GHS. There have been proposals to close institutions to deal with the decreasing juvenile offender population for JRA institutions. There have been legislative proposals to close GHS. This has been addressed by developing a “bed is not a bed” strategy to educate legislators and the communities. The “bed is not a bed” strategy shows the differences in the JRA population and

the different types of facilities needed to meet the multiple needs of youth. To date, this strategy has been successful.

Despite the population reduction in JRA, GHS was funded eleven permanent new positions in 2007 as part of the JRA aggression reduction package and to be able to more effectively carry out the treatment model.

#### 7.4 Workforce-Focused Outcomes

In spring, 2007 team enhancements were held for staff in the living units. A trainer of Eric Allenbaugh's "Interact" assessment tool led teams through this exercise. "Interact" training helps individuals identify their personal strengths and develop appreciation for others' personal strengths. This training addressed workforce engagement and everyone's responsibility to contribute to the workplace environment.

See also the JRA Staff Survey results which are listed under 7.2.

The 2007 DSHS-GHS-JRA staff survey identified in 7.2 shows an increase of workforce engagement for the DSHS questions from 2006 to 2007. These areas include % increases in:

- Spirit of teamwork in my workgroup =12% increase
- Customer feedback is used to improve processes = 6% increase
- Encouraged to come up with new and better ways of doing things =8% increase
- The agency uses my time and talents well = 11% increase
- In my workgroup, people are treated fairly without discrimination. 10% increase.

After 5 PbS collection surveys of staff and youth, there was concern about the outcome on questions relating to whether they feel fear for their safety. The PbS Committee developed an FIP on this issue and additional surveys were sent to staff and youth in August, 2007. The results of the survey were reviewed in October, 2007 and an FIP work group was developed to continue working on this environmental issue.

Staff turnover has impacted the level of expertise needed to carry out the model. However, this trend is reducing as shown in the next table.

YEAR	STAFF TURNOVER
2007	49
2006	67
2005	89

Staff training is a focus of GHS. Staff who are well trained are better oriented to their job expectations and assists with motivation and engagement of staff. Training is listed below.

YEAR	STAFF TRAINING HOURS
2002	8,554
2003	11,098 *
2004	9,991
2005	7,856
2006	9,594
2007	8,974
<b>TOTAL</b>	<b>56,067 for 6 years</b>

\* ITM implemented

#### 7.5 Process Effectiveness Outcomes

GHS continues to utilize evidence based interventions with residents through application of DBT. Eight leaders have attended the 80 hour DBT intensive training and have brought this training back and applied it on campus. Fifty staff have volunteered to participate in DBT study groups to help with adherence to the model and five groups are currently in progress. These groups are reading and meeting on "Dialectical Behavior Therapy with Suicidal Adolescents."

For the last six years, the Health Center has participated in the NCCHC standard review every three years and both times certification has been approved.

Key operational results for GHS performance of the work systems also include:

- The IMU process for residents staying in the unit for more than one month was redone in July, 2005 to allow these youth to be staffed by a group of Associates, Managers and Psychologists to see if treatment needs are being met.
- Staff are trained annually on Suicide Prevention, Bloodborne Pathogen, First Aid/CPR, and the trainings are posted on the computer for all staff to see and the status of staff attending trainings is also posted.



- GHS is required to have a disaster drill annually and this has been accomplished over the last five years.
- Fire drills are conducted according to codes and discussed at monthly Safety Meetings.

The new construction of the IMU, Administration and Health Center buildings has the goal of being an environmental silver project. The new construction will also make both of these buildings ADA accessible. GHS reports annually on sustainability and meets the goals set for the year. This includes a recycle program.

## 7.6 Leadership Outcomes

### 7.6.a(1) Key accomplishments

#### Maintain a strong continuum of care for juveniles

- GHS has fully implemented the evidence based DBT model. GHS has sent eight leaders to 80 hours of DBT intensive training, has implemented consultation teams in some living units, and has ongoing DBT staff study groups so that staff are adherent to the model.
- In February, 2007 GHS implemented Transition Screening Committee which reviews all youth leaving GHS to meet the strategic objective of developing a planned approach for placement of youth.

#### Enhance human resource development

- GHS has been the most successful JRA institution in recruiting and retaining diverse, quality staff.
- GHS consistently recognizes and acknowledges the quality work achieved by GHS staff. At weekly E-Team meetings, the first agenda item is “appreciations and good news.” In 2006 and 2007, staff were recognized for Employee of the Quarter Awards. In 2008, this recognition became a monthly award. GHS has also consistently recognized staff at the annual regional awards.

#### Health and safety of youth and staff

GHS has not had a completed suicide since 1986.

GHS has been successful in dealing with aggression. (See Figure 7.1.a PbS, Key Critical Outcomes)

GHS has not had an escape in 5 years.

#### Improving program accountability

See 7.1.a and 7.6a(4)

**7.6.a (2) Key measures of indicators of ethical behavior and stakeholder trust** All reports of misconduct are forwarded to the Superintendent who determines if a personnel investigation is warranted. The Superintendent utilizes regional Human Resource experts when discipline is determined. According to policy, cases of abuse and neglect are referred to CPS.

**Figure 7.6a(2) Discipline**

YEAR	# OF FORMAL DISCIPLINES
2005	10
2006	33
2007	30

**Figure 7.6a(2) CPS**

YEAR	# OF REFERRALS TO CPS
2005	19
2006	32
2007	37

**7.6.a (3) Fiscal Accountability.** See results in 7.

**7.6.a (4)** GHS leaders have been successful in reviewing and reporting on all action plans. There have not been any findings of GHS not meeting action plan timelines.

**7.6.a (5)** GHS partners internally with all areas of campus. To ensure communication and feedback from internal stakeholders, there are regularly scheduled monthly meetings. GHS partners with JRA Headquarters. Administrators from Headquarters regularly attend ITM meetings and the Superintendent is in contact with the Director of Institutions on almost a daily basis.

GHS partners with the local community by building relationships with the courts, prosecutor’s office and law enforcement. GHS staff contribute yearly to the Combined Fund Drive (CFD). In 2007, 261 employees participated. At the same time as the drive, a food drive is conducted for the Lewis County Food Bank Coalition. On December 3, 2007 flooding dramatically impacted Lewis County. Staff leading the food drive partnered with GHS staff, residents, the Chehalis School District, and the Food Bank to raise 3,400 lbs. of food and \$2,500 in contributions.



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